

EXHIBIT 10-B.1

HOME Program Annual Certification for Homeowner Rehabilitation

Name of Grantee: _____

Period Covered by Report: _____ Last Certification Date: _____

☐ Check here if **ALL** HOME-assisted homeowners for this grant are out of the period affordability and proceed to last page of form ([certification page](#))

** Copy this form if more space is needed *** Include any properties assisted with any previously generated HOME program income and/or recaptured funds <div style="text-align: center;">A</div>	Did the home sell since last report? ¹ (Yes or No) If YES , complete Part II <div style="text-align: center;">B</div>	Was the home foreclosed upon since last report? ¹ (Yes or No) If YES , complete Part II <div style="text-align: center;">C</div>	Were the home funds repaid (by the homeowner or through refinancing) since last report? ¹ (Yes or No) If YES , complete Part II <div style="text-align: center;">D</div>
HOME Activity I.D. #: _____ Address: _____ Period of Affordability End: _____			
HOME Activity I.D. #: _____ Address: _____ Period of Affordability End: _____			
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HOME Activity I.D. #: _____ Address: _____ Period of Affordability End: _____			
HOME Activity I.D. #: _____ Address: _____ Period of Affordability End: _____			
HOME Activity I.D. #: _____ Address: _____ Period of Affordability End: _____			
HOME Activity I.D. #: _____ Address: _____ Period of Affordability End: _____			

¹ **Suggested methods by which the Grantee can monitor ownership annually:**

- ☐ Reviewing tax records;
- ☐ Requesting a copy of insurance bill;
- ☐ Establishing system for flagging pending sales

Note: HUD does not require period of affordability (PoA) on owner-occupied rehabilitation projects however, since the intent of the HOME program is to create affordable housing units, Montana HOME Grantees were strongly encouraged to implement a PoA for homeowner rehab activities funded before April 1, 2009. For homeowner rehab activities funded on or after April 1, 2009, the Montana HOME Program required Grantees to implement a minimum five, ten, or fifteen year PoA, based on the amount of HOME funds invested.

Grant Year: _____
HOME Grant Contract #: _____

PART II. If a HOME-assisted home(s) was sold, foreclosed upon, or the HOME loan was otherwise repaid since the last HOME certification, complete this form. ** Copy form as needed for each applicable address.

Original Homeowner Name: _____ Property Address _____

HOME Activity or IDIS Number: _____ Amount of HOME Funds Originally Invested: \$ _____

What was the affordability period for this activity, including any additional years imposed by the Grantee? _____ years

On what date did the affordability period begin? _____

On what date will/did the affordability period end? _____ (including any additional years imposed by the Grantee)

Date of Sale: _____

IF THE PERIOD OF AFFORDABILITY WAS MET BEFORE THE HOME SOLD AND THE HOME RESTRICTION ON THE PROPERTY WAS RELEASED, DO NOT COMPLETE THE REMAINDER OF THIS PAGE

IF THE HOME RESTRICTION ON THE PROPERTY WAS NOT RELEASED, COMPLETE THE REMAINDER OF THIS PAGE

Amount of HOME funds, including any HOME program income or recaptured funds, owed on home: \$ _____

Sales price of the home: \$ _____

Amount of superior debt on the home: \$ _____

Amount of seller-paid closing costs, if any: \$ _____

Net Proceeds from sale: \$ _____

Amount of HOME funds recaptured (returned to Grantee) from sale: \$ _____

Were these funds placed in the HOME Program Income account? ☐ Yes ☐ No

If **no**, explain why not: _____

Use of Program Income and/or Recaptured Funds (complete the following)

a. Is the Grantee a Qualified Entity under the **Single Family Noncompetitive Program**? ☐ Yes ☐ No

b. Does the Grantee have HOME Program approval to use the program income/recaptured funds on another HOME grant? ☐ Yes ☐ No

If answers to both questions a. and b. above are NO, funds must be remitted to the HOME Program.

Date funds were remitted to the HOME Program: _____

2012 HOME Program Annual Certification for Homeowner Rehabilitation

<p><i>Grantee:</i> _____</p> <p><i>Grant Year:</i> _____</p> <p><i>Grant #:</i> _____</p> <p><i>Project:</i> _____</p>				
<p>I certify that the information included in this report represents a true and complete statement of the facts.</p> <p>_____ <i>(Typed Printed Name & Title of Person Completing Report)</i></p> <table style="width: 100%;"><tr><td style="width: 70%;">_____ <i>(Signature of Person Completing Report)</i></td><td style="width: 30%;">_____ Date</td></tr></table> <p>_____ <i>(Typed or Printed Name & Title of CEO/Chief Executive -OR- Chief Elected Official)</i></p> <table style="width: 100%;"><tr><td style="width: 70%;">_____ <i>(Signature of CEO/Chief Executive -OR- Chief Elected Official)</i></td><td style="width: 30%;">_____ Date</td></tr></table>	_____ <i>(Signature of Person Completing Report)</i>	_____ Date	_____ <i>(Signature of CEO/Chief Executive -OR- Chief Elected Official)</i>	_____ Date
_____ <i>(Signature of Person Completing Report)</i>	_____ Date			
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<p>FOR HOME USE ONLY</p>				
<table style="width: 100%;"><tr><td style="width: 60%;">HOME Program Officer _____</td><td style="width: 40%;">Date _____</td></tr><tr><td>HOME Bureau Chief _____</td><td>Date _____</td></tr></table>	HOME Program Officer _____	Date _____	HOME Bureau Chief _____	Date _____
HOME Program Officer _____	Date _____			
HOME Bureau Chief _____	Date _____			

This form is available electronically on the Montana HOME Program Commonly Used Forms web page. Go to:
<http://housing.mt.gov/HM/hmforms.mcpx>; then click on the link for:
EXHIBIT 10-B.1: Annual Certification for Homeowner Rehabilitation Projects

Return completed forms to:
**HOUSING DIVISION – HOME PROGRAM
MT DEPARTMENT OF COMMERCE
P.O. BOX 200545
HELENA, MT 59620-0545**